

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000054553

FILED
Apr 11, 2003
Secretary of State

Entity Name: ALAN LAFLIN INC.

Current Principal Place of Business:

305 ST CHARLES AVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

P O BOX 4065
FT WALTON BCH, FL 32549 US

Current Mailing Address:

P O BOX 4065
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3193466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFLIN, ALAN P
305 ST CHARLES AVE
NICEVILLE, FL 32578

Name and Address of New Registered Agent:

LAFLIN, ALAN P
P O BOX 4065
FT WALTON BCH, FL 32459

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN LAFLIN

04/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFLIN, ALAN
Address: 305 ST CHARLES AVE
City-St-Zip: NICEVILLE, FL

Title: V () Delete
Name: BOWDEN, RICHARD D.
Address: 305 ST CHARLES AVE
City-St-Zip: NICEVILLE, FL

Title: T () Delete
Name: BRIAN WILKINSON,
Address: 305 ST CHARLES AVE
City-St-Zip: NICEVILLE, FL

Title: S () Delete
Name: PEARCE, PHILLIP
Address: 305 ST. CHARLES AVENUE
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFLIN, ALAN
Address: P O BOX 4065
City-St-Zip: FT WALTON BCH, FL

Title: V (X) Change () Addition
Name: BOWDEN, RICHARD D.
Address: P O BOX 4065
City-St-Zip: FT WALTON BCH, FL

Title: T (X) Change () Addition
Name: BRIAN WILKINSON,
Address: P O BOX 4065
City-St-Zip: FT WALTON BCH, FL

Title: S (X) Change () Addition
Name: PEARCE, PHILLIP
Address: P O BOX 4065
City-St-Zip: FT WALTON BCH, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN LAFLIN

P

04/11/2003

Electronic Signature of Signing Officer or Director

Date